

APPENDIX J

FORMS

This Appendix includes the following forms that have been adopted for support of remedial investigation activities at the Area of Interest North of Castner Range, El Paso, Texas under contract number W912DY-10-D-0027, delivery order (DO) DS01 issued to KEMRON Environmental Services, Inc.

MEC and MD FIELD FORMS

- Form M-1 - Explosive Demolition Operations
- Form M-2 - Detonation Approval Checklist
- Form M-3 - MR and Ordnance Removal Fire Risk Assessment
- Form M-4 - Misfire Checklist
- Form M-5 - Motor Vehicle Inspection Form
- Form M-6 - Explosives Usage Record
- Form M-7 - ATF Form 5400-5 - Report of Theft or Loss - Explosive Materials
- Form M-8 - Preparatory Phase Demolition Inspection Checklist
- Form M-9 - Initial Phase Demolition Inspection Checklist
- Form M-10 - Final Phase Demolition Inspection Checklist
- Form M-11 - Magazine Data Cards
- Form M-12 - DD Form 1348-1A - Issue Release/Receipt Document

MC FIELD FORMS

- Form M-13 - Non-Routine Occurrence Report
- Form M-14 - Daily Activity Record
- Form M-15 - Contractor Production Report

QUALITY CONTROL FORMS

- Form QC-1 - Corrective Action Request
- Form QC-2 - Corrective Action Plan
- Form QC-3 - Contractor Quality Control Daily Report
- Form QC-4 - Quality Control Surveillance Report

ENG FORMS

- ENG Form 6048

EXPLOSIVE DEMOLITION OPERATIONS

HOW MANY SHOTS: _____

SIZE AND WEIGHT: _____

TIME OF SHOT: _____

LOCATION: _____

DATE: _____

HOW MANY SHOTS: _____

SIZE AND WEIGHT: _____

TIME OF SHOT: _____

LOCATION: _____

DATE: _____

AT LEAST 30 MINUTES PRIOR TO PLANNED DETONATION:

LOCATION FOR FIRE TRUCK: _____

CALLED:

TIME:

El Paso Fire Department	(915) 485-5600	
El Paso Police Department	(915) 832-4400	

Detonation Approval Checklist/ Risk Assessment



Date of Shot: _____

Window for Shot: _____

Location of Shot: _____

Types of MEC: _____

 Net Explosive
Weight (NEW)
[Estimated]: _____

 Number of
Detonations: _____

Type of Engineering Control(s):		Site Preparation Measures:	
Sand Bagging		Site Wet Down	
Soil Tamping		Vegetation Removal	
		Other	
Comments:			

A qualitative measure of the worst credible event resulting from personnel exposure to the unexploded ordnance:

LOW	MEDIUM	HIGH
1 2	3 4	5+

Distance to nearest inhabited location/structure likely to be at risk from the OE hazard:

LOW	MEDIUM	HIGH
1 2	3 4	5+

Weather Conditions:

LOW	MEDIUM	HIGH
1 2	3 4	5+

Wind Conditions:

LOW	MEDIUM	HIGH
1 2	3 4	5+

Detonation Approval Checklist/ Risk Assessment



Assessment Total:	Low Risk	Caution	High Risk
	1-7	8-14	15-20

- No individual detonation will exceed 15lbs NEW without prior approval
- All notifications will be sent two hours prior to detonation.
- COE Ordnance and Explosives Safety Specialist will be on site during detonation operations.
- Engineering Controls will be in place prior to detonation.
- Fire Department will be on site during detonation operations.

Approved

Date: _____

Michael Slavens
USACE OEES

Form M-3

MUNITIONS RESPONSE & ORDNANCE REMOVAL FIRE RISK ASSESSMENT

OPERATIONAL AREA: _____
DATE OF ASSESSMENT: _____
OPERATIONAL PERIOD: _____

RISK VALUES

NUMBER VALUE

(1) LOWEST RISK – (5) HIGHEST RISK

SITE ACCESS: (Fire Suppression, Road Conditions, Obstructions, Etc.)

Value:

PRE-SUPPRESSION (Fuels, Site Access, Clearance Zone)

All shots will be pre-suppressed

Value:

DEMOLITION SHOT: (Surface, Subsurface, Type of OE, Removal Method)

Value:

TOPOGRAPHY: (Slopes, Ridges, Barriers, Canyons, Chimneys)

Value:

WEATHER: (Wind, Temperature, Relative Humidity)

Value:

FIRE SUPPRESSION: (Accessibility, Weather, Fuels, Suppression Factors)

Value:

TOTAL NUMBER VALUE:

TOTAL ASSESSMENT VALUES

0-12 LOW RISK

12-23 CAUTION

24-35 HIGH RISK

ASSESSED BY: _____

FORM UPDATED June 2017

Form M-3

MUNITIONS RESPONSE & ORDNANCE REMOVAL FIRE RISK ASSESSMENT

SPECIAL NOTATIONS

OPERATION:

DATE:

RED FLAGS

FIRE DEPARTMENT REPRESENTATIVE

Form M-4

Misfire Checklist

NON-ELECTRIC MISFIRES

Working on a non-electric misfire is the most hazardous of all operations. Investigation and corrective action should be undertaken by the technician that placed the charge using the following procedure:

1. If a charge fails to detonate at the determined time, initiate a 60-minute wait period plus the time of the safety fuse (i.e., 5-minute safety fuse plus 60 minutes, for a total of 65-minute wait period).
2. After the wait period has expired, the designated technician will proceed to the site to inspect the firing system. A safety observer must watch from a protected area.
3. Prime the shot with a new non electric firing system and install a new fuse igniter.
4. Follow normal procedures for initiation of the charge.

NONEL MISFIRE

The use of a shock tube for blast initiation can present misfires which require the following actions:

1. If charge fails to detonate, it could be the result of the shock tube not firing. Visually inspect the shock tube, if it is not discolored (i.e., slightly black), it has not fired.
2. If it has not fired, cut a 1-foot piece off the end of the tube, re-insert the tube into the firing device, and attempt to fire again. (Try this at least twice)
3. If the device still does not fire, wait 30 minutes and proceed to the site to replace the shock tube with a new tube.

NOTE: If the tube is slightly black, then a "Black Tube" misfire has occurred, and the shock tube will have to be replaced. When replacing the shock tube, be sure to remove the tube with the detonator attached. Without removing the detonator from the end of the tube, place the defective tube on the shot for disposal.

Form M-4

Misfire Checklist

Page 2 of 2

DETONATING CORD MISFIRE

Detonation cord will be used to tie in multiple demolition shots. Since detonation cord initiation will be non-electrical, these procedures will be used to clear a detonation cord misfire.

1. If there is no problem with the initiating system, wait the prescribed amount of time and inspect the initiator to the cord connection to ensure it is properly connected. If it was a bad connection simply attach a new initiator and follow the appropriate procedures
2. If the initiator detonated and the cord did not, inspect the cord to ensure it is the detonation cord and not time fuse. Also, check to ensure there is PETN in the cord at the connection to the initiator.
3. At this point, it may be necessary replace the detonating cord. If this is required, it must be accomplished carefully to ensure that the demolition charge and the OE item(s) are not disturbed.

PERFORATOR MISFIRE

The use of perforators is both cost-effective and considerably safer than the use of C-4 and many other demolition materials. If everything went but the perforator, one of four things has occurred:

1. The detonation cord grain size was insufficient to initiate the perforator
2. The detonation cord was dislodged from the perforator when placing tamping materials
3. The perforator was defective
4. The perforator was moved during the placement of tamping materials.

Check to ensure the grain size of the detonation cord is sufficient, with 80 grain size or greater being the recommended size.

If the detonation cord connection to the perforator was the problem, ensure that the next connection is secure (use duct tape if necessary).

If it is evident that the perforator was moved, then ensure it is properly secured for the next shot.

If the detonating cord size and connection are sufficient, replace the perforator, leaving the defective one on the demolition shot.

MOTOR VEHICLE INSPECTION (TRANSPORTING HAZARDOUS MATERIALS) <i>(Read Instructions before completing this form.)</i>											
This form applies to all vehicles which must be marked or placarded in accordance with Title 49 CFR.						1. BILL OF LADING/TRANSPORTATION CONTROL NUMBER					
SECTION 1 - DOCUMENTATION				ORIGIN a.				DESTINATION b.			
2. CARRIER/GOVERNMENT ORGANIZATION											
3. DATE/TIME OF INSPECTION											
4. LOCATION OF INSPECTION											
5. OPERATOR(S) NAME(S)											
6. OPERATOR(S) LICENSE NUMBER(S)											
7. MEDICAL EXAMINER'S CERTIFICATE*											
8. <i>(X if satisfactory at origin)</i>								9. CVSA DECAL DISPLAYED ON COMMERCIAL EQUIPMENT*			
a. HAZMAT ENDORSEMENT				d. ERG OR EQUIVALENT COMMERCIAL:		YES		NO			
b. VALID LEASE*				e. DRIVER'S VEHICLE INSPECTION REPORT*				a. TRUCK/TRACTOR		YES NO	
c. ROUTE PLAN				f. COPY OF 49 CFR PART 397				b. TRAILER		YES NO	
SECTION II - MECHANICAL INSPECTION											
<i>All items shall be checked on empty equipment prior to loading. Items with an asterisk shall be checked on all incoming loaded equipment.</i>											
10. TYPE OF VEHICLE(S)						11. VEHICLE NUMBER(S)					
12. PART INSPECTED <i>(X as applicable)</i>		ORIGIN (1)		DESTINATION (2)		ORIGIN (1)		DESTINATION (2)		COMMENTS (3)	
		SAT	UNSAT	SAT	UNSAT						
a. SPARE ELECTRICAL FUSES						k. EXHAUST SYSTEM					
b. HORN OPERATIVE						l. BRAKE SYSTEM*					
c. STEERING SYSTEM						m. SUSPENSION					
d. WINDSHIELD/WIPERS						n. COUPLING DEVICES					
e. MIRRORS						o. CARGO SPACE					
f. WARNING EQUIPMENT						p. LANDING GEAR*					
g. FIRE EXTINGUISHER*						q. TIRES, WHEELS, RIMS					
h. ELECTRICAL WIRING						r. TAILGATE/DOORS*					
i. LIGHTS AND REFLECTORS						s. TARPULIN*					
j. FUEL SYSTEM*						t. OTHER <i>(Specify)</i>					
13. INSPECTION RESULTS <i>(X one)</i> ACCEPTED						REJECTED					
<i>(If rejected give reason under "Remarks". Equipment will be approved if deficiencies are corrected prior to loading.)</i>											
14. SATELLITE MOTOR SURVEILLANCE SYSTEM: <i>(X one)</i> ACCEPTED						REJECTED					
15. REMARKS											
16. INSPECTOR SIGNATURE <i>(Origin)</i>						17. INSPECTOR SIGNATURE <i>(Destination)</i>					
SECTION III - POST LOADING INSPECTION											
This section applies to Commercial and Government/Military vehicles. All items will be checked prior to release of loaded equipment and shall be checked on all incoming loaded equipment.						ORIGIN (1)		DESTINATION (2)		COMMENTS (3)	
		SAT		UNSAT		SAT		UNSAT			
18. LOADED IAW APPLICABLE SEGREGATION/COMPATIBILITY TABLE OF 49 CFR											
19. LOAD PROPERLY SECURED TO PREVENT MOVEMENT											
20. SEALS APPLIED TO CLOSED VEHICLE; TARPULIN APPLIED ON OPEN EQUIPMENT											
21. PROPER PLACARDS APPLIED											
22. SHIPPING PAPERS/DD FORM 2890 FOR GOVERNMENT VEHICLE SHIPMENTS											
23. COPY OF DD FORM 626 FOR DRIVER											
24. SHIPPED UNDER DOT SPECIAL PERMIT 868											
25. INSPECTOR SIGNATURE <i>(Origin)</i>						26. DRIVER(S) SIGNATURE <i>(Origin)</i>					
27. INSPECTOR SIGNATURE <i>(Destination)</i>						28. DRIVER(S) SIGNATURE <i>(Destination)</i>					

Form M-6

EXPLOSIVES USAGE RECORD

Team Number:_____ Date: _____

Team Leader:_____ Project: _____

EXPLOSIVES ISSUED			
Signature of Team Leader: _____			
Item	Quantity	Lot Number	Checker's Initials

EXPLOSIVES EXPENDED			
Signature of Team Leader: _____			
Item	Quantity	Lot Number	Checker's Initials

EXPLOSIVES RETURNED			
Signature of SUXOS: _____			
Item	Quantity	Lot Number	Checker's Initials

I certify the explosives listed above were used for their intended purpose.

Senior UXO Supervisor

Date: _____

Report of Theft or Loss - Explosive Materials**For ATF Use Only**

Date Received	Date Faxed to JSOC & Field Division	Unique Identifier
		Case Number

To Be Completed By Person Making Report

Upon discovery of any theft or loss of any of your explosive materials:

- First, contact ATF toll free at 1-800-461-8841 between 8:00 a.m. - 5:00 p.m. EST or after hours and weekends contact ATF at 1-800-800-3855 to report the theft or loss;
- Second, contact your local law enforcement office to report the theft or loss to obtain a police report; and
- Third, complete this form and attach any additional reports, sheets or invoices necessary to provide the required information, and fax the form with additional material(s) to the ATF U.S. Bomb Data Center (USBDC) at 866-927-4570.

1. Date	2. Type of Report (Check one): Theft <input type="checkbox"/> Loss <input type="checkbox"/> Supplement <input type="checkbox"/>		
3. Full Name of Person Making the Report (Last, First, Middle)		4. Corporate or Business Name (If applicable)	
5a. Office Address (Street Address, City, State, and Zip Code)			5b. Telephone Number
6. Actual Location of Theft or Loss (if different from item 5a)			

7. Theft or Loss	Date	Time	8. Name of Local Law Enforcement Officer to Whom Reported
a. Discovered			9. Agency Name and Address of Local Authority to Whom Reported
b. Occurred (Show approximate if exact not known)			
c. Reported to ATF by Telephone			
d. Reported to Local Authorities			10. Telephone Number:
			11. Police Report Number:

12. Explosive Materials Lost or Stolen (Attach invoices or additional sheets, if necessary)

a. Manufacturer	b. Brand Name	c. Date Shift Code	d. Size	e. Quantity (Pounds of Explosives, Number of Dets)	f. Type and Description (Dynamite, Blasting Agents, Detonators, etc. Include for each type, size, MS delay or length of legwire, as applicable)

13. Theft or Loss Occurred From (Check applicable box)

Permanent Magazine ☐ Portable Magazine ☐ Truck ☐ Work Site ☐ Other (Explain) ☐

Form M-7

14. Method of Entry <i>(Complete if applicable)</i>		15. Hood Defeated <i>(If yes, check the applicable box below)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Locks Cut <input type="checkbox"/>	Inside Help <input type="checkbox"/>	Broken <input type="checkbox"/>	
Locks Picked <input type="checkbox"/>	Wall Entry <input type="checkbox"/>	Cut <input type="checkbox"/>	
Door Unlocked <input type="checkbox"/>	Key Stolen/ Used <input type="checkbox"/>	Removed <input type="checkbox"/>	
Door Blown Open <input type="checkbox"/>		Inadequate for Lock Used <input type="checkbox"/>	

16. Other Information Pertinent to the Theft or Loss

17. Signature and Title of Person Making Report	Date	18. Federal Explosives License or Permit Number

Reporting Instructions

Fax this completed form to the ATF address listed below or call if no fax is available:

Bureau of Alcohol, Tobacco, Firearms and Explosives
U.S. Bomb Data Center
99 New York Ave., N.E. 8S 295
Washington, DC 20226
Toll Free Fax: 1-866-927-4570

Questions regarding the completion of this form should be referred to the U.S. Bomb Data Center toll free at 1-800-461-8841.

Privacy Act Information

The following information is provided pursuant to section 3 of the Privacy Act of 1974 (5 U.S.C. § 522a(e)(3))

- 1. Authority.** Solicitation of this information is made pursuant to Title XI of the Organized Crime Control Act of 1970 (18 U.S.C. Chapter 40). Disclosure of a theft or loss of explosive materials is mandatory pursuant to 18 U.S.C. § 842(k) for any person who has knowledge of such theft or loss from his stock.
- 2. Purpose.** The purpose for the collection of this information is to give ATF notice of the theft or loss of explosive materials, and to furnish ATF with the pertinent facts surrounding such theft or loss. In addition, the information is used to confirm and verify prior notification of this theft or loss of explosive materials.
- 3. Routine Uses.** The information will be used by ATF to aid in the administration of laws within its jurisdiction concerning the regulation of explosive materials and other related areas. In addition, the information may be disclosed to other Federal, State, foreign, and local law enforcement of laws within their jurisdiction.
- 4. Effects of not supplying information requested.** 18 U.S.C. § 842(k) makes it unlawful for any person, who has knowledge of the theft or loss of explosive materials from his stock, to fail to report such theft or loss within twenty-four hours of discovery thereof, to the Secretary and to appropriate local authorities. The penalty for violation of this section is a fine of not more than \$1,000 or imprisonment for not more than one year, or both. 18 U.S.C. § 844(b)

Paperwork Reduction Act Notice

This request in accordance with the Paperwork Reduction Act of 1995. The purpose of this information collection is to report the theft or loss of explosive materials. The information is used for investigative purposes by ATF officials. This information is mandatory by statute. (18 U.S.C. § 842)

The estimated average burden associated with this collection of information is 1 hour and 48 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Form M-8

PREPARATORY PHASE DEMOLITION INSPECTION CHECKLIST FORM

Contract No:	Project Number:
Work Order:	Date:
Project Name:	Location:
Definable Feature(s) of Work:	Specification Reference:

I. Key Personnel (Present):

<i>Name</i>	<i>Position</i>	<i>Sign</i>

II. Checklists, Submittals and Notifications:

Checklist Question:	Yes	No	NA
Are all equipment and procedural checklists SUXOS-approved?			
Is Form M-1, Explosive Demolition Operations used?			
Is Form M-3, Munitions Response & Ordnance Removal Fire Risk Assessment used?			

III. Event Planning:

Checklist Question:	Yes	No	NA
Are items to be explosively treated identified and documented?			
Is the planned demolition site exclusion zone mapped?			
Are demolition team members identified and team assignments made? (Assigned by the Demolition Supervisor)			
Is there a clear plan for the operation? (Briefed by the Demolition Supervisor)			
Is an alternate radio channel required (situational)?			

IV. Materials and Equipment:

Checklist Question:	Yes	No	NA
Are planned demolition materials, on site and available?			
Is the vehicle to be used to transport the explosive materials designated, and capable of meeting the requirements of UXO SOP 5?			
Is a water truck available for pre- and post-shot fire suppression? (City of El Paso Fire Department Fire Risk Assessment dependant)			

Form M-8

PREPARATORY PHASE DEMOLITION INSPECTION CHECKLIST FORM

V. Safety:

Checklist Question:	Yes	No	NA
Are Activity Hazard Analyses approved?			
Is the Site Safety and Health Plan signed by each worker?			

VI. Organization:

Checklist Question	Yes	No	NA
Are responsibilities clearly outlined for all members?			

VII. QC Comments:

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VIII. Client/USACE Representative Comments:

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QC Representative Signature / Date:

Name

Sign

Date

Client/USACE Representative Signature / Date

Name

Sign

Date

INITIAL PHASE DEMOLITION INSPECTION CHECKLIST

Contract Number:	Project Number:
Work Order:	Date:
Project Name::	Location:
Definable Feature of Work:	Specification Reference:

I. Key Personnel Present:

<i>Name</i>	<i>Position</i>	<i>Sign</i>

II. Preparatory Procedures:

Checklist Question	Yes	No	NA
Does the vehicle used to transport the explosive materials meet the requirements of UXO SOP 7?			
Is positive magazine key control being adhered to?			
Are equipment checklists completed and verified by the DEMO Supervisor?			
Is the DEMO Operations Brief checklist used, and the DEMO Supervisor Brief comprehensive?			

III. Materials:

Checklist Question	Yes	No	NA
Is/are equipment and materials used, in accordance with the DEMO Plan?			

IV. Workmanship:

Checklist Question	Yes	No	NA
Is the operation being performed/conducted in accordance with the DEMO Plan?			

V. Discrepancies:

Checklist Question	Yes	No	NA
Are there any discrepancies between planned events and actual events?			

INITIAL PHASE DEMOLITION INSPECTION CHECKLIST

If so, are discrepancies noted? What actions were taken?			
Are further corrective actions required?			

VI. Safety:

Checklist Question	Yes	No	NA
Is a JSA issued and signed by all attendees?			
Is proper Personal Protective Equipment (PPE) worn?			
Are explosive operations performed/conducted in accordance with the work plan and EM 385-1-97?			

VI. QC Comments

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VII. Client/USACE Representative Comments:

--

QC Representative Signature / Date:

Name

Sign

Date

QA Representative Signature / Date:

Name

Date

FINAL PHASE DEMOLITION INSPECTION CHECKLIST

Contract Number:	Project Number:
Task Order:	Date/Time:
Project Name::	Location:
Definable Features of Work:	Specification Reference:

I. Key Personnel Present:

<i>Name</i>	<i>Position</i>	<i>Sign</i>

II. Workmanship:

Checklist Question	Yes	No	NA
Were demolition goals met for this event?			

III. Discrepancies:

Checklist Question	Yes	No	NA
Are there any discrepancies between planned events and actual events?			
Are there any safety concerns that need to be addressed?			
If so, are discrepancies noted? What actions were taken?			
Are further corrective actions required?			

IV. QC Comments

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FINAL PHASE DEMOLITION INSPECTION CHECKLIST

V. Client/USACE Representative Comments:

QC Representative Signature / Date:

Name

Sign

Date

Client/USACE Representative Signature / Date

Name

Sign

Date

Continued on Reverse
PREVIOUS EDITION IS OBSOLETE
APD LC v1.01

[illegible]

Page 1 of 1

PREVIOUS EDITION MAY BE USED

Non Routine Occurrence Report (NRO)

Project Name: Page 2 of

Project No./Task Code: NRO No.:

Part A – Description of Occurrence:

Root Cause:

Identified by:

Title:

Date:

Part B – Corrective Action:

Performed by:

Title:

Date:

Part C – Recommended Disposition:

Is **Client** notification/acknowledgement required? Yes: ☐ No: ☐ If yes, attach documentation

Is **Regulatory Agency** approval required? Yes: ☐ No: ☐ If yes, attach documentation

Gilbane Quality Assurance Reviewer

Comments:

Name and Signature:

Title:

Date:

Gilbane Project Manager

Comments:

Name and Signature:

Title:

Date:

Daily Activity Report (DAR)

[illegible]

Contractor Production Report

(Attach Additional Sheets if Necessary)

Project Name:	Page _____ of _____
Project No./Task Code:	Date:
Subcontractors:	

Work Performed Today

Schedule Activity No.	Work Location and Description	Employer	Number	Trade	Hours

Job Safety	Was a tailgate safety meeting held this date? (If yes, attach copy of the sign-in sheet)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Total Work Hours on Job Site Today (including any Confirmation Sheets)	
	Were any vehicle/heavy equipment inspections done? (If yes, attach copies of the inspections performed)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Cumulative Total of Work Hours from Previous Reports	
	Was any trenching/confined space/crane/m anlift work done? (If yes, attach statement or checklist showing inspections performed)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Total Work Hours from Start of Field Activity	
	Were there any lost time accidents this date? (If yes, attach copy of completed accident report)	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

Schedule Activity No.	List Safety Actions Taken Today/Safety Inspections Conducted	<input type="checkbox"/> Safety Requirements Have Been Met.

Equipment/Material Received Today To Be Incorporated In Job (Indicate Schedule Activity Number)

Schedule Activity No.	Submittal #	Description of Equipment/Material Received

Construction And Plant Equipment On Job Site Today (Indicate Hours Used And Schedule Activity Number)

Schedule Activity No.	Owner	Description of Construction Equipment Used Today (include Make and Model)	Hours Used

Schedule Activity No.	Remarks

Prepared by:	Signature:
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Form QC-1**CORRECTIVE ACTION REQUEST**

CAR #:	PRIORITY: <input type="checkbox"/> HIGH <input type="checkbox"/> NORMAL	DATE PREPARED:
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PART A: NOTICE OF DEFICIENCY

PROJECT:		WAD#:
PROJECT MANAGER: Steve Crane	QC MANAGER:	
WORK UNIT:	WORK UNIT MANAGER:	
ISSUED TO (INDIVIDUAL & ORGANIZATION):		
REQUIREMENT & REFERENCE:		
PROBLEM DESCRIPTION & LOCATION:		
CAP REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	RESPONSE DUE:	
ISSUED BY (PRINTED NAME & TITLE):		MANAGEMENT CONCURRENCE:
SIGNATURE:	DATE:	

PART B: CORRECTIVE ACTION

PROPOSED CORRECTIVE ACTION/ACTION TAKEN:	
NOTE: SUPPORTING DOCUMENTATION MUST BE LISTED ON THE BACK OF THIS FORM AND ATTACHED.	
PART B COMPLETED BY (NAME & TITLE):	QC CONCURRENCE:
SIGNATURE:	DATE:

PART C: CORRECTIVE ACTION VERIFICATION

CAR VERIFICATION AND CLOSE-OUT: (CHECK ONLY ONE & EXPLAIN STIPULATIONS, IF ANY)	
<input type="checkbox"/> APPROVED FOR CLOSURE WITHOUT STIPULATIONS	
<input type="checkbox"/> APPROVED FOR CLOSURE WITH FOLLOWING STIPULATIONS	
COMMENTS/STIPULATIONS:	
CLOSED BY (PRINTED NAME & TITLE):	
SIGNATURE:	DATE:

Form QC-2

CORRECTIVE ACTION PLAN

Attach clarifications and additional information as needed. Identify attached material in appropriate section of this form.

PART A: TO BE COMPLETED BY PROJECT MANAGER OR DESIGNEE

PROJECT:		
PROJECT MANAGER:	QC MANAGER:	
CAR NO(S) AND DATE(S) ISSUED:		
DEFICIENCY DESCRIPTION AND LOCATION:		
PLANNED ACTIONS	ASSIGNED RESPONSIBILITY	COMPLETION DUE DATE
PROJECT MANAGER SIGNATURE: _____		
DATE: _____		

PART B: TO BE COMPLETED BY QC MANAGER OR DESIGNEE

CAP REVIEWED BY: _____	DATE: _____
REVIEWER COMMENTS:	
CAP DISPOSITION: (CHECK ONLY ONE AND EXPLAIN STIPULATIONS, IF ANY) <input type="checkbox"/> APPROVED WITHOUT STIPULATIONS <input type="checkbox"/> APPROVED WITH STIPULATIONS <input type="checkbox"/> APPROVAL DELAYED, FURTHER REQUIRED PLANNING	
COMMENTS:	
QC MANAGER SIGNATURE: _____	
DATE: _____	

Form QC-3

Page ____ of ____
Date: _____
REPORT NO: _____

CONTRACTOR QUALITY CONTROL DAILY REPORT

LOCATION OF WORK: _____

DESCRIPTION: _____

WEATHER: (CLEAR) (FOG) (P.CLOUDY) (RAIN) (WINDY)

TEMPERATURE: MIN____ MAX

1. Work performed today:

2. Work performed today by subcontractor(s):

3. Preparatory phase inspections performed today (include personnel present, specification section, drawings, plans, and submittals required for definable feature of work):

4. Initial phase inspections performed today (include personnel present, workmanship standard established, material certifications/test are completed, plans and drawings are reviewed):

5. Follow-up phase inspections performed today (include locations, feature of work and level of compliance with plans and procedures):

6. List tests performed, samples collected, and results received:

Form QC-3

Page ____ of ____
Date: _____
REPORT NO: _____

7. Verbal instructions received (instructions given by client representative and actions taken):

8. Non-conformances/deficiencies reported:

9. Site safety monitoring activities performed today:

10. Remarks:

CERTIFICATION: I certify that the above report is complete and correct and that I, or my representative, have inspected all work identified on this report performed by KEMRON and our subcontractor(s) and have determined to the best of my knowledge and belief that noted work activities are in compliance with the plans and specifications, except as may be noted above.

Quality Control Manager

Date

QUALITY CONTROL SURVEILLANCE REPORT		Report Number:
Project Name:	Date:	
Client:	Project Manager:	
1 - Activity		
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Project Management</div> <div style="width: 50%;"><input type="checkbox"/> Field Mobilization</div> <div style="width: 50%;"><input type="checkbox"/> Data Management</div> <div style="width: 50%;"><input type="checkbox"/> Brush Cutting/Clearing/Reduction</div> <div style="width: 50%;"><input type="checkbox"/> Intrusive Investigation</div> <div style="width: 50%;"><input type="checkbox"/> ITP Location Selection</div> <div style="width: 50%;"><input type="checkbox"/> Demolition</div> <div style="width: 50%;"><input type="checkbox"/> UXO Avoidance</div> <div style="width: 50%;"><input type="checkbox"/> MPPEH Management</div> <div style="width: 50%;"><input type="checkbox"/> ITP Construction</div> <div style="width: 50%;"><input type="checkbox"/> Mag and Dig Survey</div> <div style="width: 50%;"><input type="checkbox"/> Detector Aided Visual Survey</div> <div style="width: 50%;"><input type="checkbox"/> Boundary Survey</div> <div style="width: 50%;"><input type="checkbox"/> Stump/Root Processing</div> <div style="width: 50%;"><input type="checkbox"/> Soil Sifting</div> <div style="width: 50%;"><input type="checkbox"/> Other:</div> </div>		
2 - Phase		
<input type="checkbox"/> Preparatory <input type="checkbox"/> Initial <input type="checkbox"/> Follow up <input type="checkbox"/> Not Applicable		
3 - References		
4 - Observed Condition/Activities and Comments:		
5 - Results of Surveillance		
<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	Deficiency #: NCR #:
Conducted By:	Signature:	Date:
6 - SUXOS Review		
<input type="checkbox"/> Concur <input type="checkbox"/> Non-Concur	Signature:	Date:
7 - Distribution		
<input type="checkbox"/> PM <input type="checkbox"/> Site Manager <input type="checkbox"/> SUXOS <input type="checkbox"/> QA Oversight <input type="checkbox"/> Safety <input type="checkbox"/> Other: _____		

US ARMY CORPS OF ENGINEERS (USACE)
MUNITIONS RESPONSE
QUALITY ASSURANCE REPORT (QAR) FORM
 The proponent agency is CESO. See instructions on page 2.

1. REPORT NO. (1,2,3, etc., for the Task Order (T.O.))

7. CONTRACTOR

8. CONTRACT NUMBER

9. T.O. NUMBER

10. DISTRIBUTED TO (check boxes and insert individual's name)

☐ a. District Program/Project Manager

☐ b. Design Center

☐ c. Remedial Action District TM

☐ d. Contractor

11. RESPONSE DUE DATE (Based on type of nonconformance, IF REQUIRED)

12. TYPE OF ACTIVITY CONDUCTED (Include types of inspections/audits conducted, operations observed, etc.)

13. RESULTS AND OBSERVATIONS

14. DEFICIENCY TYPE (select one) ☐ a. Not Applicable ☐ b. Critical ☐ c. Major ☐ d. Minor

☐ e. Other, Specify

15. DATE

16. USACE REPRESENTATIVE'S SIGNATURE

17. CONTRACTOR REPRESENTATIVE'S NAME

19. CONTRACTOR REPRESENTATIVE'S SIGNATURE (indicating receipt of the QAR)

20. The Contractor will provide the following information to the Contract Specialist by the "Response Due" date above.
 Please contact the Contracting Officer's Representative (COR) or Project Manager if you have any questions.

a. Contractor Response as to Cause and Actions Taken to Correct Current Condition and to Prevent Recurrence (cite applicable quality control procedures or changes in plans, procedures, or practices).

b. Contractor Representative's Authentication (form must be signed before returning)

(4) Signature

c. Government Evaluation (acceptance, partial acceptance, etc.)

d. Government Actions (reduced payment, cure notice, show cause, other)

e. Close Out

Name

Title

Date
(YYYY-MM-DD)

Signature

(1) Contractor Notified

(2) USACE PDT Representative

(3) Contracting Officer or COR

INSTRUCTIONS FOR ENG FORM 6048

Block 1. Report number.

Block 2. Name of USACE representative conducting the quality assurance (QA) activity.

Block 3. Date QA Activity completed.

Block 4. Project Name, i.e., "Camp Swampy (MRS-02).

Block 5. Project Location, i.e., "Smithville, Alaska".

Block 6. Weather conditions, if applicable.

Block 7. Contractor and/or subcontractor executing the work.

Block 8. Contract number.

Block 9. Task Order number.

Block 10. List by name all official recipients of the QAR. At a minimum, the District Program/Project Manager must be selected.

Block 11. Enter the date that the contractor is to respond, if applicable.

Block 12. List all QA-related activities, inspections, audits conducted, operations observed, etc. Include specific references to applicable government quality requirements, i.e., Quality Assurance Surveillance Plans, Department of Defense, Army, and/or USACE requirements, policy, guidance, etc., requiring the inspection/audit being conducted. For example: "Spot-checked inventory of demolition explosives as required by the project QASP and approved Explosives Safety Submission (ESS)."

Block 13. Describe results and observations of each QA activity conducted. Attach discipline-specific checklists/documentation used. All deficiencies noted must include reference to the specific regulation or requirement that was violated. For example: "Demolition explosives stored on site were not inventoried weekly in accordance with ESS paragraph 4.2 and Work Plan paragraph 5.4. Last inventory was conducted 3 weeks ago on xx Feb 2013."

Block 14. Select the type of deficiency, if any, observed. Use contract-specific definitions if available, or use the following general definitions:

- a. Check the appropriate box.
- b. Critical: A deficiency that is likely to result in hazardous or unsafe conditions for individuals using, maintaining, or depending upon the supplies or services; or is likely to prevent performance of a vital agency mission.
- c. Major: A deficiency, other than critical, that is likely to result in failure of the supplies or services, or to materially reduce the usability of the supplies or services for their intended purpose.
- d. Minor: A deficiency that is not likely to materially reduce the usability of the supplies or services for their intended purpose or is a departure from established standards having little bearing on the effective use or operation of the supplies or services.

Block 15. Date the USACE Representative signs.

Block 16. QA representative's signature.

Block 17. Contractor Representative's printed name.

Block 18. Date Contractor Representative signs.

Block 19. Contractor representative signature. Signature does not indicate concurrence with stated findings, only that contractor has received the report.

Block 20a. Contractor indicates action(s) taken to determine cause of the deficiency, action taken to correct immediate deficiency, and action taken to prevent a recurrence of the deficiency. Include dates of actions taken and a schedule for completion of planned actions.

Block 20b. Contractor representative's printed name, title, date signed, and signature.

Block 20c. Indicate government acceptance of contractor's actions to correct identified deficiencies.

Block 20d. Indicate negative government actions taken as a result of the deficiency.

Block 20e. Signature of contractor, PDT representative and contracting officer or COR indicating close out for all deficiencies indicated.